

Appendix 2

Wisconsin Medicaid-Allowable Local Procedure Codes for Nurse Midwives

The following chart is periodically revised. Refer to Appendix 3 of this handbook for applicable type of service codes and descriptions.

Procedure Code	Description	Type of Service
Maternity Care		
W6000	Antepartum care; initial visit	9
W6001	two or three visits	9

Family Planning Services		
W6200	Intrauterine device — progesterone	1
W6201	Diaphragm	9
W6202	Jellies, creams, foams	9
W6203	Suppositories	9
W6204	Sponges (per 1)	9
W6205	Condoms (per 1)	9
W6206	Natural family planning supplies	9
W6207	Oral contraceptives	9
W6208	Female condom	9
W6209	Cervical cap	9
W6210	Family planning pharmaceutical visit; includes oral contraceptives	9
W6211	initial visit, non-comprehensive	9
W6212	annual visit, non-comprehensive	9

Tuberculosis (TB)-Related Procedures		
W6271	Directly observed preventive therapy — TB-infected only	1
W6272	Monitoring of TB symptoms — TB-infected only	1
W6273	Patient education and anticipatory guidance — TB-infected only	1
W6274	Direct observation of therapy — suspect or confirmed active TB case	1
W6275	Monitoring of TB symptoms — suspect or confirmed active TB case	1
W6276	Patient education and anticipatory guidance — suspect or confirmed active TB case	1